



# Games for the Visually Impaired

Montana School for the Deaf and the Blind  
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## ATHLETE'S ENTRY FORM

ATHLETE'S NAME \_\_\_\_\_ AGE (AS OF May 5<sup>th</sup>) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARTICIPATION LEVEL (PLEASE CHECK ONE)

☐ LOW VISION ☐ BLIND ☐ LOW VISION MULTI-HANDICAPPED ☐ BLIND MULTI-HANDICAPPED

ATHLETE WILL BE ACCOMPANIED BY \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

I \_\_\_\_\_ (Signature of parent or guardian) \_\_\_\_\_ (date) give my permission for  
\_\_\_\_\_ (name) to participate in the 2006 Games for the Visually Impaired.

I \_\_\_\_\_ (Signature of parent or guardian) \_\_\_\_\_ (date) do / do not (Please circle) give  
my permission for \_\_\_\_\_ (name) to be specifically interviewed or photographed by  
newspaper, TV, radio, or other media personnel.

I would like \_\_\_\_\_ athlete's lunches **at no charge** and \_\_\_\_\_ lunches for non-athlete's (parents, siblings, friends, etc.) at  
**\$3.00 per lunch**. Please pay for the lunches on May 14th.

### SCHEDULE OF EVENTS:

	DATE	TIME
_____ Pentathlon (ages 10-21)	May 5, 2006	1:00pm-5:00pm
_____ Games for the Visually Impaired	May 6, 2006	8:30am- 2:30pm
Athletes 14 years and older, please select one of the following		
_____ Weightlifting		
_____ Gymnastics		
Awards Ceremony and Raffle	May 6, 2006	2:30pm -3:00pm

\_\_\_\_\_ We do not wish to attend the Games. Please do not send any additional literature.

If you are not able to attend the Games this year, will you attend next year?

\_\_\_\_\_yes \_\_\_\_\_no If no why not? \_\_\_\_\_